

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 2 2

2. STATE:

Georgia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1915(g) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 36,962 21,878

b. FFY 2003 \$ 52,363 - 31,172

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A
pp 1-4 (Part VVV)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

New

10. SUBJECT OF AMENDMENT:

TARGETED CASE MANAGEMENT FOR CHILDREN AT RISK - PICKENS COUNTY

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

MARK TRAIL

14. TITLE:

Acting Director, DMA

15. DATE SUBMITTED:

August 21, 2001

16. RETURN TO:

Department of Community Health

Division of Medical Assistance

2 Peachtree Street, N.W.

Atlanta, Georgia 30303-3159

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

August 24, 2001

18. DATE APPROVED:

October 22, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

21. TYPED NAME:

Eugene A. Grasser

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Georgia
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Medicaid eligible children, ages 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basis Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

TN No. 01-022
Supersedes
TN No. New

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B. Areas of State in which services will be provided:

- ☐ Entire State
- ☒ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide): Pickens County

C. Comparability of Services

- ☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for eligible at-risk children.

The purpose of case management services is to assist those targeted at-risk children in gaining access to needed medical, nutritional, social, educational, transportation, housing and other services; and to encourage the use of various community resources through referral to appropriate providers.

Case Management services will provide necessary coordination with providers of health, family support, employment, justice, housing, counseling, nutrition, social, educational, transportation, and other services when needed.

The set of interrelated activities are as follows:

1. Establishing the comprehensive case file for development and implementation of an individualized service plan to meet the assessed service needs of the eligible child. Establishing priorities for initial linkages with providers. This unit of service may be billed only once for each recipient.
2. Assistance to the eligible child in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan.

D. Definition of Services: (continued)

3. Monitoring and follow-up with the eligible child and service providers to determine that the services received are adequate in meeting the child's assessed needs. Case management follow-up services are limited to 12 visits annually.
4. Reassessment of eligible children to determine the services needed to resolve any crisis situation resulting from divorce, death, separation, family structure changes, changes in living conditions, or other events.

E. Qualification of Providers:

1. Provider Qualifications

Enrollment will be accomplished in accordance with Section 1902(a)(23) of the Act. Enrollment is open to all providers who can meet the following requirements:

- a. Must have the capacity to provide the full range of at-risk case management services.
- b. Must meet the applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must have demonstrated direct experience in the coordination of educational support services (e.g., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private service providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have a signed collaborative agreement with the Pickens County Health Department, Pickens County Department of Family and Children Services, Pickens County Public Schools and/or city schools, Pickens County Commissioners and City of Jasper, Pickens County Juvenile Court, Pickens County Division of Youth, and the Pickens County Child Abuse Council.

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E. Qualification of Providers: (continued)

- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, and have experience working with at risk children and their families.
- g. Case Managers must have a high school diploma or equivalent, and a demonstrated ability to work effectively with at risk children and their families.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations of Section 1902(a)(23) of the Act.

- 1. Eligible recipients will have free choice of the providers of case management services.
- 2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

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